



USAID | BENIN

FROM THE AMERICAN PEOPLE

Ladies and Gentlemen:

SUBJECT: Solicitation for a Personal Services Contractor (PSC) – PMI Malaria Advisor Position, USAID/Benin

Solicitation No.: PSC 680-08-008
Issuance Date: June 30, 2008
Closing Date: July 29, 2008
Closing Time: 12:00 noon local time

USAID/BENIN is an equal opportunity employer. We encourage all qualified candidates to apply. Persons with disabilities will be assisted and receive reasonable accommodation.

The United States Government, represented by the U.S. Agency for International Development (USAID) Benin is seeking applications (Optional Form 612 or Standard Form 171) from qualified U.S. Citizens, U.S. Resident Aliens, Third Country Nationals (TCNs), or Cooperating Country Nationals (CCNs), interested in providing the services described below.

Any questions as well as submission of applications in responses to this solicitation must be directed to:

Cosmas Apedo, Acquisition and Assistance Specialist
USAID/Benin
Office of Procurement
Rue Caporal Anani Bernard
American Embassy
01 BP 2012
Phone (229) 21-300-500, ext. 2112
Cotonou, Republic of Benin

Email address: capedo@usaid.gov

USAID/Benin anticipates awarding one (1) U.S. PSC, a TCN, or a CCN PSC contract as a result of this solicitation, subject to availability of funds. USAID/Benin reserves the right not to award any contract as a result of this solicitation. This solicitation does not represent a commitment on behalf of USAID. The US Government is not obligated to make an award or to pay any costs associated with the preparation and submission of a proposal in response to this solicitation.

Sincerely,

Rudolph Thomas
Mission Director
USAID/Benin

U.S. Agency for International Development
01 B.P. 2012
Cotonou, BENIN

Tel: 229 21-30-05-00
Fax: 229 21-30-12-60

SOLICITATION INFORMATION

1. SOLICITATION NUMBER: PSC 680-08-008
2. ISSUANCE DATE: June 30, 2008
3. CLOSING DATE: July 29, 2008 12:00 noon Local Time.
4. POSITION TITLE: PMI Malaria Advisor.
5. MARKET VALUE: GS-14 (US \$81,093 to US \$105,420) or FSN Grade-11
6. PERIOD OF PERFORMANCE: 24 months with possible extension for two additional years.
7. PLACE OF PERFORMANCE: Cotonou, Republic of Benin.
8. SUPERVISION: USAID/Benin Family Health Team Leader.
9. AREA OF CONSIDERATION: U.S. Citizens, U.S. Resident Alien, Third Country Nationals (TCNs) or Cooperating Country Nationals (CCNs).

I. COUNTRY BACKGROUND

Benin's population is young and its urban population is growing. Nearly 45 percent of its 8,450 million inhabitants are under the age of 15. Over 40 percent of the population lives in urban areas; nearly double the proportion of twenty years ago. The country's health and education status are among the lowest in the world. Life expectancy is 55 years. Fertility rate is 5.7 and 66% of adults (aged 15 and above) are illiterate. An estimated 30% of the population lives below the national poverty line. The mortality rate for children under five is 152 per 1,000. Malaria is the leading cause of childhood deaths and is responsible for 40 percent of all health care consultations for children (twice as many as the next leading cause). Infant mortality rate is 90 per 1,000. The overall rate of malaria prevalence in the Beninese population is 37%.

A recent mid-term evaluation of the 2001-2005 malaria control strategic plan conducted by the National Malaria Control Program (NMCP) revealed that the quality of malaria case management has improved and that the use of insecticide-treated nets at the community level has increased. The same study concluded that only uncomplicated malaria case management indicators are improving. The indicator related to treatment of severe cases is going down.

In 1998, USAID/Benin, through the centrally-funded African Integrated Malaria Initiative (AIMI), supported a three-year program aimed at promoting new approaches to fighting malaria in the Oueme/Plateau regions located in southeastern Benin and known to be the most affected by the disease. Given the successful achievements of the program, and its impact on health workers and communities, a second phase was launched to cover the period of 2001-2003. A two-year grant agreement was signed with Africare in September 2003 to pursue the implementation of best practices under the project until September 30, 2005. Among the major achievements were the Integrated Management of Childhood Illness (IMCI) training for health workers and the implementation of Precedent Birth Techniques (PBT) to monitor infant mortality index. The Zou-Collines regions were used to test practices being implemented in Ouémé-Plateau.

USAID's efforts have focused on assisting the NMCP to prevent transmission of malaria among the target population (children under 5 and pregnant women) through the use of insecticide treated nets (ITNs), presumptive treatment during pregnancy and ensuring correct treatment of malaria in children.

Nationwide, according to a recent KAP study by a USAID implementing partner, the proportion of children under 5 who slept under a treated mosquito net the previous night rose from 17% in 2002 to 43% in 2005; among pregnant women the proportion rose from 28% to 56% for the same years. Furthermore, the proportion of people who have re-treated their mosquito nets at least once has increased from 18% in 2002 to 37% in 2005.

Benin has a high incidence of malaria. According to the health statistics released in 2004 by the Ministry of Public Health, malaria is the main affection that leads to care-seeking. The average incidence of malaria, which was 118 per 1000 in 2000, remained high in 2004 at 119 per 1000. The incidence is higher among children under five years of age, with 502 per 1000 among children under one year of age and 218 per 1000 among children aged from one to four years.

On December 14, 2006 Benin was selected as one of 15 President's Malaria Initiative (PMI) countries. It is expected that the Year 1 Malaria Operational Plan (MOP) will be developed in April 2007 after the February needs assessment and that jump start activities will be implemented in close collaboration with the NMCP in early FY08.

During the past three years, Benin has received increased support from donors to help meet the Abuja targets as they relate to malaria prevention among vulnerable groups. Besides UNICEF and WHO interventions in Roll Back Malaria, the Global Fund has considerably invested in ITN provision to support the Government of Benin's malaria control program. Also, the World Bank, under the Booster program, is providing resources to purchase Long Lasting Insecticide Treated Nets (LLITNs) as well as assist Benin to purchase the new Artemisinin-based Combination Therapy (ACT) drug for treatment.

Candidates for the Malaria Advisor position may access different documents on the malaria situation in Benin, including the Benin malaria policy document, at <http://www.pmikn.net/www.usaid.gov/bj>

II. OVERVIEW

USAID is responsible for all activities conducted in Benin under the PMI. The Malaria Advisor is responsible to USAID for the implementation of all PMI activities and reports directly to the Mission Director or his designated representative. The Centers for Disease Control and Prevention (CDC) will play an important part in the design, implementation, monitoring and evaluation of PMI-supported activities in Benin. The Malaria Advisor works closely with CDC personnel and the FHT leader to ensure the technical appropriateness of PMI-supported activities and interventions while maintaining ultimate responsibility for the implementation of the program.

USAID/Benin's Health Strategic Objective includes malaria activities as an important component of its portfolio. Malaria is a major component, through the Integrated Management of Childhood Illness (IMCI) strategy, of the Integrated Family Health Project (PISAF) implemented by University Research Corporation. Malaria is also included in the Integrated Project to Support Family Health and Prevent HIV/AIDS (IMPACT) implemented by Population Services International (PSI) with the promotion of bednets. PMI-supported malaria activities are fully integrated into USAID's health Strategic Objective #5 which reads "*expanded use of family health services and prevention measures within a supportive environment*". Malaria activities that are implemented within ongoing bilateral Cooperative Agreements will remain under the authority of the respective Cognizant Technical Officers (CTO) responsible for those Agreements. The Malaria Advisor will provide technical and administrative oversight, as requested, on multiple tasks within the health sector, with a concentration of his/her time on malaria-specific activities. The Malaria Advisor may be called upon to represent the USAID/Director at official functions involving the U.S. Embassy, the Ministry of Health, or international and bilateral donor organizations.

The Malaria Advisor shall provide technical and administrative guidance on the development and execution of the PMI in collaboration with the PMI CDC Malaria Technical Advisor and the USAID Mission CTO who oversees the health interventions implemented by the collaborating agencies. The contractor shall liaise with backstops for the PMI in USAID Washington, CDC counterparts in Cotonou and Atlanta, and USAID personnel working within and overseeing the Mission's activities related to malaria control. These responsibilities include regular contact and collaboration with the counterparts in the NMCP and other government ministries and agencies, as well as in a wide range of civil society and private organizations, other donor and international organizations, and other United States Government (USG) entities working in malaria prevention and control.

The Malaria Advisor shall exercise substantial judgment in planning and carrying out tasks, in representing the USG in critical technical and policy forums, in resolving problems and conflicts, and in taking appropriate steps to meet deadlines. With approval from the Mission Director or the Family Health Team Leader, the Malaria Advisor may be requested to perform governmental functions such as officially representing USAID at functions, approving policy documents; budgeting, and developing planning documents.

The contractor must also possess an understanding of the social, economic and cultural determinants and implications of the malaria epidemic in Benin and neighboring countries, as well as have the experience and skills required to help formulate the USG position on malaria and contribute to important policy decisions as a representative of the USAID/Benin Family Health Team.

The Malaria Advisor shall be responsible for the following PMI-related activities, in close collaboration with the USAID/Benin Family Health staff:

1. Plan malaria prevention and control activities consistent with the malaria control coverage needs identified by the strategy and plans of the NMCP and PMI. The Malaria Advisor is primarily responsible for the implementation of the Malaria Operational Plan (MOP);
2. Ensure that all activities are consistent with internationally-accepted best practices and relevant to the specific malaria epidemiology of Benin;
3. Represent USAID at malaria related meetings and ensure effective communication and coordination between PMI-funded activities and malaria programs funded by other donors including the World Bank Booster Program and the Government of Benin;
4. Provide technical support to all partners and managerial support as needed during the implementation phases of the initiative to ensure the quality of interventions supported and that programmatic targets are met;
5. Ensure that malaria commodities are purchased in a timely and cost effective manner and monitor distribution of these commodities;
6. Ensure that malaria activities are integrated into overall USAID-supported health activities and to coordinate these activities with the NMCP and MOH to avoid duplication of effort and programming gaps;
7. Ensure accountability of funds provided by the President's Malaria Initiative;
8. Develop and execute a monitoring and evaluation plan to be implemented through existing MoH systems and existing USG supported mechanisms. Carry out monitoring and evaluation visits to implementation sites to ascertain all quantitative and qualitative data is collected properly;

9. Ensure that financial and technical reports on the President's Malaria Initiative in Benin are prepared and submitted as required.

III. OVERALL DUTIES & RESPONSIBILITIES

The Malaria Advisor will collaborate with the USAID personnel managing the health portfolio, and provide technical and administrative guidance as needed. Concurrently, the Malaria Advisor, in collaboration with the PMI CDC Technical Advisor, and the Cognizant Technical Officers overseeing the Mission's PISAF and IMPACT activities, shall oversee the planning, implementing, and monitoring of the PMI Initiative. He/she will be the point person to liaise with backstops for the PMI in USAID/W, in CDC, and in the USAID/Benin Family Health Team.

Specifically, the Malaria Advisor shall provide:

1) Management of Activity Implementation (30%)

The Malaria Advisor, in collaboration with the NMCP, will provide technical guidance to collaborating agencies, to ensure sound management of malaria interventions implemented under the PMI. This includes but is not limited to malaria prevention and control activities such as behavior change and communication activities, bednet purchase and distribution through the existing health services and at the community level, antimalarial drug purchase and distribution through the existing health services, IPT coverage and the diagnosis and treatment of acute malaria, and the indoor residual spraying conducted under the initiative. The Malaria Advisor, in collaboration with the PMI CDC Technical Advisor and the Family Health Team Leader, will also act as CTO of PMI implementing instruments and be responsible for monitoring and reporting the results for all PMI activities. He/she will ensure that PMI activities and other activities being implemented in the Family Health portfolio are mutually reinforced.

2) Activity Development and Design (25%)

The Malaria Advisor, working in collaboration with the NMCP and PMI staff will be responsible for developing annual Malaria Operational Plans (MOP) in line with PMI objectives and goals. This will include but is not limited to case management of malaria in health facilities and at the community level, distribution of malaria commodities and LLINs through health facilities, large-scale campaigns, and work with the private sector, intermittent preventive treatment of pregnant women, indoor residual spraying, and development of information, education and communications materials to promote the use of these interventions. Indoor residual spraying will be implemented in targeted areas as indicated by the NMCP.

3) Partner Relationships (25%)

Successful performance in this position depends upon establishing and maintaining productive collaborative relationships with a wide range of partners and stakeholders, the MOH, the regional health officers, local governments, the World Bank, the Global Fund, WHO, UNICEF, other Donors, and NGOs dealing with issues focusing on malaria. The Malaria Advisor shall, therefore, develop and maintain relationships with these partners and stakeholders in order to effectively ensure that all of USG PMI activities are complementary and enhance all other malaria activities being implemented in Benin. He/she will participate in meetings hosted by the NMCP on malaria.

4) Coordination with Other PMI Personnel (10%)

The Malaria Advisor will be required to communicate regularly and work jointly with other members of the USAID/Benin Family Health Team, USAID/Washington Global Health Bureau, and CDC Atlanta.

5) Monitoring and Evaluation (10%)

Monitoring and evaluation is a key component of the PMI. The Malaria Advisor shall be responsible for working with the PMI CDC Malaria Technical Advisor to develop a monitoring and evaluation plan in line with the PMI targets, as well as ensure that PMI partners develop project monitoring plans and reports in a timely manner on their activities. It is also expected that the Malaria Advisor shall provide expert advice and practical experience in helping the MOH, the NMCP and other partners to monitor inputs and outcomes, and progress towards PMI goals. The Malaria Advisor will collaborate with the World Bank Malaria Booster Project to conduct joint monitoring activities that involve the appropriate NMCP staff members.

The Malaria Advisor shall make sure that a coherent monitoring and evaluation plan is in place to track PMI activities results and impact for reporting to USAID/Washington. Significant results and impact data should also be presented to the NMCP twice a year.

IV. PERIOD OF SERVICE TO USAID/BENIN, SECURITY AND MEDICAL CLEARANCE:

The Contractor's period of service shall be approximately two years from the effective date of the contract with a possibility of renewal for two additional years. Extensions will be contingent on availability of funds and USAID approval. The individuals must be willing and able to spend as much as 20% of his/her time traveling.

US Citizens need to obtain a Security Clearance from SEC/STATE and a medical clearance from State M/MED. **TCNs and CCN must obtain an employment authorization from the U.S. Embassy Regional Security Office and a medical clearance from a qualified doctor prior to the issuance of a contract. Former or Current TCN and CCN serving with the Federal Government need to submit all previous security clearances and/or police records with a completed local security clearance form.**

V. QUALIFICATIONS AND EXPERIENCE, TECHNICAL KNOWLEDGE, SKILLS AND EVALUATION CRITERIA:

Applicants meeting the required qualifications for the position will be evaluated based on information presented in the application and obtained through reference checks. USAID reserves the right to conduct telephonic interviews with the most highly ranked applicants and make the interview a deciding factor in selection.

1) Experience – 45%

The Malaria Advisor must have at least 10 years of progressively responsible experience in designing, implementing and managing malaria and other health programs in developing countries, with a preference given to candidates working in African countries. Demonstrated technical leadership, program management, strategic planning, policy experience and problem solving skills, working on complex projects in a highly sensitive environment are required. Professional experience in maternal and child health, reproductive health, HIV/AIDS is also highly desirable.

The Malaria Advisor will also have the following:

- (a) Knowledge and skills in quantitative and qualitative evaluation methods; experience in designing and evaluating malaria activities in Africa. The Malaria Advisor must have proven skills in capacity building and mentoring local staff in a developing country (20 points).
- (b) Skill in conceptualizing programs, policies, and plans and developing strategies for their management and implementation. The candidate must be able to integrate short and long-range objectives of the USAID Family Health Team and the PMI with the organizational needs of the government of Benin (15 points).
- (c) Analytical ability to interpret public policies and assist in the development of revised policies as required improving the policy environment related to malaria in Benin. Management skills required to develop and implement effective malaria prevention and treatment program activities involving financial and human resources. Administrative skills are required to assist in the oversight of cooperating agency technical advisors and institutional contractors (10 points).

2) Education – 20%

Minimum of a Masters Degree in public health, international health, or social sciences from a recognized institution and/or clinical qualifications is required. Specialized training in malaria is required, mainly in areas including but not limited to vector control, entomology, clinical case management of malaria, and epidemic surveillance and forecasting.

3) Language, Communication, and Computer Skills - 20%

The Malaria Advisor must have the following (these sub-factors are of equal weight and importance):

(a) Excellent verbal communication skills (English and French at the 4/4 or equivalent level), tact and diplomacy are required to establish and develop sustainable working relationships at the highest level and a high level of trust with public/private organizations. Verbal communication skills are also used to negotiate activity plans and resolve activity implementation issues with counterparts, partners and team members. Ability to communicate technical information to health and non-health audiences is required. Excellent written communication skills are required to prepare regular and ad hoc reports, activity documentation and briefing papers.

(b) Excellent computer skills: An applicant will not be considered if s/he does not meet the minimum requirements:

Fully functional in Windows, MS Outlook, word processing, and spreadsheet software is **required**.

Full functionality in using the internet to solve problems and research information, such as USG and USAID regulatory guidance, best practices and latest trends relating to malaria and public health is **required**.

4) Teamwork and Interpersonal Skills – 15%

Excellent leadership, communications and interpersonal skills are critical to this position. The Malaria Advisor must have the following (these sub-factors are of equal weight and importance):

(a) Must be able to work effectively with a broad range of USG personnel and partners, and have demonstrated skills in donor coordination and collaboration. Ability to work both independently and in a team environment to achieve consensus on policy, program and administrative matters will be preferred.

(b) Ability to work effectively under pressure and in a team environment and communicate highly technical health information to both health and non-health audiences, and achieve consensus on policy, project, research, and administrative matters.

NOTICE TO APPLICANTS: USAID reserves the right to obtain from previous employers relevant information concerning the applicant's past performance and may consider such information in its evaluation.

VI. SUPERVISION:

Supervision Received: The Malaria Advisor will work under the direction of the Family Health Team Leader. He/she will work with the Family Health Team and other USAID project managers to facilitate collaboration among implementing partners and integration of other relevant USAID/Benin activities. The Malaria Advisor shall develop and negotiate an annual work plan with the Family Health Team Leader who will evaluate her/him annually on the basis of the work plan.

Supervision Exercised: As assigned by the Family Health Team Leader, the contractor will exercise supervisory responsibilities on other FHT staff.

VII. LOGISTIC SUPPORT:

The logistic support provided by USAID/Benin includes office space and equipment, transportation in country for official meetings, work related travel arrangements/tickets and secretarial and translation services.

VIII. APPLYING

Applicants are encouraged to write a brief appendix to a resume, OF-612 or SF-171 to demonstrate how their previous experience and skills are suited for this position. Applicants must provide names and contact information for at least two references. The highest ranking applicants will be interviewed in person or by phone.

Application forms: Standard Form 171 can be obtained from http://www.jobs.bpa.gov/How_To_Apply/forms/sf171.pdf and Optional Form 612 can be obtained from the USAID website <http://www.usaid.gov/forms/of-612.doc> or at federal offices.

Applicants should retain for their record copies of all enclosures that accompany their proposals. Please reference the number of this solicitation when sending your application. Submissions made via e-mail **MUST** be Word 2000 or PDF format. Electronic submissions will be accepted.

Note: Please mark submissions "PSC 680-08-0088". Late applications will not be accepted. Applicants are requested to provide their full mailing address and contact information (including fax, telephone and/or e-mail where available). **No response will be sent to unsuccessful applicants.**

IX. COMPENSATION

The position has been classified at a GS-14 level for U.S citizens and Off Shore hire TCNs and at Grade FSN-11 for CCNs. Final compensation will be negotiated within the listed market value at GS-14 for U.S. citizens and at Grade FSN-11 for CCNs, based upon the candidates past salary, work history, experience and educational background. CCNs and Benin national with U.S. Resident Alien status will be paid in local currency with benefits under the Local Employee Compensation Plan (LECP). Salaries over and above the market value will not be entertained or negotiated.

AS A MATTER OF POLICY, AND AS APPROPRIATE, A PSC IS NORMALLY AUTHORIZED THE FOLLOWING:

NB: Local hire USPSC will be eligible to benefits 2 to 7. CCNs and Benin National with U.S. Resident Alien status, will be paid in local currency with benefits under the Local Employee Compensation Plan (LECP).

Benefits:

1. Employee's FICA contribution*
2. Contribution toward Health and Life Insurance
3. Pay Comparability Adjustment
4. Annual Salary Increase
5. Annual and Sick Leave
6. Eligibility for Worker's Compensation
7. Medevac insurance
8. Access to Embassy medical facilities, and pouch mail service for USPSC (Department of State approval required)

**Note: If a US citizen, the contractor's salary will be subject to employee's FICA and Medicare contribution.*

NB: No allowances will be paid to CCNs and Benin National with U.S. Resident Alien status.

Allowances: (If applicable, as found in the Standardized Regulations Government Civilian Foreign Areas) Sections cited below)

1. Temporary Lodging Allowance (Section 120)
2. Living Quarters Allowance (Section 130)
3. Post Allowance (Section 220)
4. Supplemental Post Allowance (Section 230)
5. Separate Maintenance Allowance (Section 260)
6. Education Allowance (Section 270)
7. Post Differential (Chapter 500)
8. Payments during Evacuation/Authorized Departure (Section 600)
9. Danger Pay (Section 650)
10. Educational Travel

X. CONTRACT INFORMATION BULLETINS (CIBs) OR ACQUISITION AND ASSISTANCE POLICY DIRECTIVES (AAPDs) PERTAINING TO PSCs.

AAPDs/CIBs contain changes to USAID policy and General Provisions in USAID regulations and contracts. Please refer to this website http://www.usaid.gov/procurement_bus_opp/procurement/cib/subject.html to determine which AAPDs/CIBs apply to this contract.

XI. LIST OF REQUIRED FORMS FOR PSCs:

1. Standard Form 171 or Optional Form 612
2. Contractor Physical Examination For children 11 years and under (DS-1622)**
3. Contractor Physical Examination For children 12 years and over (DS-1843)**
4. Questionnaire for National Security Positions (SF-86)**,
5. Authority for Release of Information (AID 610-14)**
6. Foreign Residence Data (AID 6-85)**
7. Fair Credit Reporting Act of 1970, As Amended**
8. Notice Required by The Privacy Act of 1974 **
9. Fingerprint Cards (FD-258)**.

** The forms listed 2 through 9 shall only be completed upon the advice of the Contracting Officer that an applicant is the successful candidate for the job.